



Indianapolis Private Industry Council Inc.

**Request for Proposals
#2009-001**

To Provide Monitoring Services

RFP Re-Issue Date:	February 25, 2009
Proposal Due Date:	March 18, 2009
Services Completed by:	May 15, 2009

IPIC, IPIC programs and contracted providers are Equal Opportunity Employers/Programs.
Auxiliary aids and services are available upon request to individuals with disabilities.

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B – Subrecipient list PY08

C – Indianapolis Private Industry Council

**-Program Monitoring guide-WIA Adult &
Dislocated Worker**

-Program Monitoring guide-WIA Youth

-Fiscal Monitoring Guide

-Equal Opportunity Guide

I. Statement of Purpose

The Indianapolis Private Industry Council, Inc. is soliciting proposals to provide monitoring of selected service providers that used Workforce Investment Act funds during Program Year 2008 (July 1, 2008 - June 30, 2009). The objective of the monitoring program is to assess the degree that subcontracted programs comply with applicable laws, regulations, policies and administrative requirements of the funding source. The goal is to ensure the lawful use of public funds and the integrity of the programs of the Indianapolis Private Industry Council.

II. Overview

The Indianapolis Private Industry Council, Inc., the Workforce Investment Board for Marion County, is a not-for-profit corporation. IPIC convenes community leaders to address workforce development issues; and strategically coordinates funding from federal, state and private sources to develop a diverse, prepared workforce that meets the needs of existing and potential employers. IPIC oversees and implements federal, state and local workforce development activities of which many occur in One-Stop¹ centers for job seekers and employers, called WorkOnes.

III. Specifications & Scope of Work

The Indianapolis Private Industry Council, Inc. seeks qualified bidders to conduct monitoring for financial and operational compliance of all service providers and subrecipients providing direct customer services under the Workforce Investment Act. Currently IPIC has five contracts with three subcontractors for a total of \$5,204,713 of federal awards for program year July 1, 2008 through June 30, 2009. (Attachment B)

IPIC requires the review of five contracts awarded to three subrecipients (see Attachment B). Monitoring methods will be expected to include desk top reviews of existing data, on-site records reviews of financial and participant records, observation and interviews of program staff and customers. The successful bidder will be expected to use the IPIC Monitoring Guides when conducting the on-site monitoring process.

Bidders have three options on which to propose:

- Option #1: Bid on conducting the financial (fiscal) monitoring only
- Option #2: Bid on conducting the operational (program) monitoring only*
- Option #3: Bid on conducting both financial and operational monitoring

*Please note that the operational monitoring option includes completing the equal opportunity monitoring.

Bidders may elect to bid on one, two, or all three of the options. The proposal must identify which option or options the bidder has selected and include a work schedule for each option and a cost for each option.

¹ One-Stop Centers are described in section 121 of the Workforce Investment Act (WIA) of 1998.

The bidder must include a proposed monitoring schedule with all on-site visits completed by May 15, 2009. The successful bidder will be required to notify the provider of the upcoming monitoring visit by telephone and in writing in accordance with IPIC monitoring policy. The successful bidder will also hold an exit conference at the end of each on-site visit and verbally present the results of the review, including any compliance findings being cited. For each subrecipient monitored, the successful bidder will be required to provide IPIC with one written monitoring report, one electronic copy and the supporting work papers within ten (10) calendar days after the exit conference. IPIC will issue the written reports to each contractor and oversee resolution of any findings.

The bidder should describe the work to be performed, who will be conducting the work, how the bidder proposes to perform the work and the proposed cost.

IV. Technical Qualifications

To be eligible for consideration, individuals or organizations submitting proposals may not have a financial or policy interest in IPIC and must demonstrate:

1. Experience monitoring public or nonprofit organizations of similar size.
2. Experience monitoring similar state or federally funded programs.
3. Experience in evaluating social/human service or related programs.
4. Experience in the design and implementation of program evaluation, including project monitoring, process evaluation, and outcome evaluation.
5. Ability to work cooperatively with a wide range of service providers and organizations.
6. Knowledge and understanding of PL 105-220 Workforce Investment Act of 1998 and its implementing regulations 20 CFR Parts 660-671, 20 CFR Par 652, and 29 CFR Part 37.
7. Knowledge and understanding of Federal Fair Labor Standard Act and Indiana Department of Employment and Training Act (IC 22-4 et seq.) and accompanying rules, regulations and policy directives regarding the Workforce Investment Act programs issued by the Indiana Department of Workforce Development..
8. Knowledge and understanding of OMB Circulars A-110, *Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations*, A-122, *Cost Principles for Non-Profit Organizations*, A-87, *Cost Principles for States, Local Governments and Indian Tribes* and A-102, *Administrative Requirements for States, Local Governments and Indian Tribes*, A-21 *Cost Principles for Educational Institutions*, and 48 CFR, Chapter 1, Part 31.
9. Ability to integrate the policies of the Indianapolis Private Industry into the monitoring activities.

V. Selection Criteria

All bidders are advised that each proposal will be evaluated based on responsiveness to this RFP. Proposals will be reviewed for completeness, clarity and adherence to stated requirements. Proposals will be rated based on the selection criteria and in rank order from the highest to lowest. Selections will normally be made in rank order. However, to ensure availability for services, IPIC reserves the right to select lower ranked proposals when warranted. Such selection of proposals shall be made at the sole discretion of IPIC.

Evaluation Factors

- | | |
|---|-----------|
| 1) Organizational and Staff Capabilities | 30 points |
| -Organizational Capacity | |
| -Key Staff | |
| -Experience | |
| 2) Understanding of the Engagement | 20 points |
| 3) Availability and Ability to Meet Delivery Schedule | 30 points |
| 4) Cost | |
| -Reasonable, necessary and appropriate | 20 points |

<i>Total Points</i>	100 points
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VI. Terms & Conditions

1. A bidder or its principals shall be in good standing, not debarred or suspended, proposed for debarment, declared ineligible or otherwise excluded from entering into a financial agreement of federal or state funds.
2. Local, small, minority owned businesses are encouraged to respond and shall not be discriminated against during proposal review.
3. IPIC is an equal opportunity employer. All bidders shall certify the same.
4. The bidder certifies and agrees that it will provide and maintain a drug-free workplace.
5. Issuance of the Request for Proposal does not commit IPIC to award a contract, to pay cost associated with proposal development or to procure or contract for goods and/or services. Payment for services will be negotiated.
6. IPIC reserves the right to reject any and all proposals if it is in the best interest of IPIC to do so and waive any minor informalities or irregularities in the RFP process. IPIC shall be the sole judge of these irregularities.

7. For the top-ranked bidder(s) selected, references or other points of contact as necessary will be made and any comments will be used to complete the evaluation process. IPIC reserves the right to enter into negotiations with one or more bidders as a result of the RFP evaluation process and enter into a best and final negotiation with one or more of the bidders.
8. IPIC will consider non-responsive any submittal for which critical information is omitted, lacking or represents a major deviation from the RFP.
9. Proposals received after the due date of March 18, 2009 at 1:00 p.m. but no later than March 19, 2009 at 1:00 p.m. will be considered for review and evaluation; however, these late proposals will receive an automatic reduction of 10 points. Proposals received after 1:00 p.m. on March 19, 2009 will be considered non-responsive and will not be reviewed or evaluated.
10. Other issues of grievances, hearing resolutions and authority shall be addressed prior to award of contract and relevant issues may be stated within contract. IPIC reserves the right to negotiate proposed outcomes, budget, and other matters prior to actual execution of the contract.
11. Bidders shall certify either no real or apparent conflict of interest exists in carrying out the scope of work described, or where conflict(s) of interest may exist, such potential conflicts must be clearly disclosed in the proposal.

VII. Submission Requirements

- All bidders must provide one original and four copies of their proposal.
- The proposal must be written in Microsoft Word for Windows and submitted in hard copy along with a copy of the response on a CD. (Please do not “write protect” the CD).
- Proposals must be typed in 12 point font, double-spaced, and on letter size paper (8 ½ x 11).
- Pages must be numbered.

Proposal Components

1. Proposal summary page (Attachment A)
2. Profiles of the organization’s staff to provide requested services and identification of the roles of specified personnel.
3. Description of organizational experience, capacity, and qualifications including details on all successful projects that are similar in scope.
4. Scope of Services addressing the required components outlined in Section III.
5. List of three (3) professional references with names, addresses, and current telephone numbers of contact persons for whom similar work has been performed..
6. Information indicating how the price was determined and proposed payment schedule.
7. Any attachments and/or pertinent supporting materials.

VIII. Submission Deadline

The deadline for submission is Wednesday, March 18, 2009 1:00 p.m. EST. Faxed or emailed submissions will not be accepted. Proposals are to be submitted to following:

Ron Boshears
Director of WIA Programs
Indianapolis Private Industry Council
Market Square Center
151 North Delaware Street, Suite 1600
Indianapolis, IN 46204

Any questions regarding this request for proposal must be submitted in writing by fax (317) 639-0103 or e-mail to both rboshears@ipic.org and tbradley@ipic.org by 5:00 p.m. on Friday, March 6, 2009. Questions and answers will be posted on the IPIC web site at www.ipic.org. Potential bidders should check the IPIC web site regularly for posted correspondence.

Attachment A

Indianapolis Private Industry Council Inc.

Summary Page

Request for Proposal

Monitoring Services

Organization:

Address:

Phone Number:

Fax Number:

Name of Director or CEO:

Contact Person:

Provide a Brief Description of Organization:

Total Cost of Services: \$_____

Authorizing Official:_____

Signature/Date

Typed Name/Title

Attachment B

INDIANAPOLIS PRIVATE INDUSTRY COUNCIL, INC.								
SUBRECIPIENT LIST PY 08								
NAME/ADDRESS	CONTRACT NO. (contract dates)	CONTRACT AMOUNT	PURPOSE OF CONTRACT	TYPE OF FUNDS	CFDA NO.	SUB-RECIPIENT TYPE	CONTRACT TYPE	SUB-RECIPIENT FISCAL YEAR
JOB WORKS 201 E. RUDISILL FT. WAYNE, IN 46806	S1001-WI-07-Y 7/1/08-6/30/09	\$352,713.00	YOUTH IN-SCHOOL	WIA YOUTH	17.259	NON-PROFIT	COST REIM	JUL-JUNE
JOB WORKS 201 E. RUDISILL FT. WAYNE, IN 46806	S1001-WO-07-Y 7/1/08-6/30/09	\$540,000.00	YOUTH OUT-OF-SCHOOL	WIA YOUTH	17.259	NON-PROFIT	COST REIM	JUL-JUNE
JOB WORKS 201 E. RUDISILL FT. WAYNE, IN 46806	S1001-WAD-05-FE 7/1/08-6/30/09	\$3,050,000.00	WORKONE-FULL & EXPRESS	WIA DW WIA ADULT	17.258 17.260	NON-PROFIT	COST REIM	JUL-JUNE
RIVER VALLEY RESOURCES 3833 N. MERIDIAN, SUITE 235 INDIANAPOLIS, IN 46208	S1805-WO-08-Y 7/1/08-6/30/09	\$1,088,000.00	YOUTH OUT-OF-SCHOOL	WIA YOUTH	17.259	NON-PROFIT	COST REIM	JUL-JUNE
SIMON YOUTH FOUNDATION 115 W. WASHINGTON, INDIANAPOLIS, IN 46204	S1908-WI-08-Y 7/1/08-6/30/09	\$174,000.00	YOUTH IN-SCHOOL	WIA YOUTH	17.259	FOUNDATION	COST REIM	JAN-DEC
		\$5,204,713.00						

Indianapolis Private Industry Council

Program Monitoring Guide— WIA Adult and Dislocated Worker

ENTITY MONITORED:

NAME OF MONITOR:

REVIEW PERIOD:

MONITORING DATES:

Objectives:

To ensure that:

- ❖ The data in participant case files is accurate, reliable and up-to-date
- ❖ Participant data reported in the WIA case management and reporting system accurately reflects the data in participant files
- ❖ The activities of case managers and participants are appropriate and accurately reflected in participant case files and in the WIA case management and reporting system

Review:

- ❖ Workforce Investment Act and regulations
- ❖ Indiana Department of Workforce Development policies regarding the Workforce Investment Act programs
- ❖ IPIC policies
- ❖ Last monitoring report

Procedures:

1. Contact subrecipient to arrange on-site review date. If an entrance conference is held, note details of meeting on Exhibit 2.
2. Randomly pick a sample of Adult/Dislocated Worker files to examine during the review. The random sample must include sufficient sample sizes from each of the service areas (core, intensive and training) and if the random sample does not produce that, the sample pool must be expanded.
3. For each participant in the sample complete a separate Exhibit 1 “Individual Record Review.” Comment on documentation missing from files, the timeliness of services, and if the sequence of services was appropriate.
4. Compare the information on Exhibit 1 to the information in the subrecipient’s WIA case management and reporting system. Comment on any discrepancies in section G of Exhibit 2.
5. Arrange and conduct an exit conference. Note the details of meeting on Exhibit 5.
9. Prepare and submit report to IPIC.

Exhibit 1

Individual Record Review

Participant Name: _____

Participant Social Security Number: _____

A. Eligibility

☐ **Adult** ☐ **Dislocated Worker**

	YES	NO	NA
1. Program Application (signed?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Selective Service Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Age Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Citizenship/Legal Alien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Discrimination Form/EEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dislocated Worker Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

B. Staff-assisted Core Services

	YES	NO
1. Did the customer receive staff-assisted core service(s)?	<input type="checkbox"/>	<input type="checkbox"/>
2. What services were provided? (list)		

3. Are the services case noted?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the participant referred to other service providers?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the participant move to intensive services?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

C. Intensive Services☐ N/A

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is the need for intensive services case noted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What intensive services were provided? (list below) | | |
| _____ | | |
| _____ | | |
| _____ | | |
| 3. Are services in line with the participant's initial assessment and interests? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does work history listed account for most of the all or most of the employment experiences? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were there direct client expenditures?
(e.g., prevocational services, supportive services) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was an obligations account established? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the participant move to training services? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

D. Training Services☐ N/A

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is the need for occupational training justified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is an IEP in the file? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the participant been issued an ITA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What type of training? _____ | | |
| Training vendor? _____ | | |
| Training completed? _____ | | |
| • If no, why? _____ | | |
| • Earned certification? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the file clearly identify funding source? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, please identify. _____ | | |
| 6. Were supportive services provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was an obligations account established? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

E. Individual Training Accounts ☐ N/A

	YES	NO
1. Does ITA match customer choice from initial assessment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the selected training directly linked to employment in demand occupations?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the assessment show that the participant has the requisite skills necessary for successful completion of the training?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are training services provided by eligible training providers? (on state list)	<input type="checkbox"/>	<input type="checkbox"/>
5. What is the duration of the ITA? _____		
6. What is the amount of the ITA? _____		
7. Was an obligation account established?	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the availability of financial aid reviewed as part of the assessment and development of a training plan?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is participant receiving Pell and/or other grants/scholarships?	<input type="checkbox"/>	<input type="checkbox"/>
10. If so, was WIA reimbursed from if a prior training payment was made?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are other funding sources used to pay for the training? If so, please identify: _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the ITA cover books, fees and other education materials in addition to tuition?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is satisfactory progress documented?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

F. Case Management Process

	YES	NO
1. Did assessment occur throughout the participant's relationship with the staff-assisted core, intensive and/or training services?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the IEP been updated accordingly?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the IEP lead to self-sufficiency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the participant reached IEP goals?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the participant exited?	<input type="checkbox"/>	<input type="checkbox"/>
a. Reason? _____		
b. Employed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Employment wage? _____		

Comments: _____

G. Verification of Data:

Note any discrepancies found between the participant file and the information recorded in TrackOne.

Discrepancies found:

[illegible]

Exhibit 2

Entrance Conference

Date: _____

Attendees:

Name

Job Title

Subjects Discussed:

Exit Conference

Date: _____

Attendees:

Name

Job Title

Subjects Discussed:

Indianapolis Private Industry Council

Program Monitoring Guide– WIA Youth

ENTITY MONITORED:

NAME OF MONITOR:

REVIEW PERIOD:

MONITORING DATES:

Objectives:

To ensure that:

- ❖ The data in participant case files is accurate, reliable and up-to-date
- ❖ Participant data reported in the WIA case management and reporting system accurately reflects the data in participant files
- ❖ The activities of case managers and participants are appropriate and accurately reflected in participant case files and in the WIA case management and reporting system

Review:

- ❖ Workforce Investment Act and regulations
- ❖ Indiana Department of Workforce Development policies regarding the Workforce Investment Act programs
- ❖ IPIC policies
- ❖ Last monitoring report

Procedures:

1. Contact subrecipient to arrange on-site review date. If an entrance conference is held, note details of meeting on Exhibit 2.
2. Randomly pick a sample of Youth files to examine during the review. The random sample must include sufficient sample sizes. Include files of youth who participated in work experience or internships.
3. For each participant in the sample complete a separate Exhibit 1 "Individual Record Review." Complete Participant Interview Guide section for those youth who participated in Work Experience or Internships. Comment on documentation missing from files, the timeliness of services, if the sequence of services was appropriate, and pertinent concerns or observations.
4. Compare the information on Exhibit 1 to the information in the subrecipient's WIA case management and reporting system. Comment on any discrepancies in Section E of Exhibit 2.
5. Arrange and conduct an exit conference. Note the details of meeting on Exhibit 2.
9. Prepare and submit report to IPIC.

Exhibit 1

Individual Record Review

Participant Name: _____

Participant Social Security Number: _____

Age at enrollment _____ In-School or Out-of-School (circle one)

A. Eligibility

	YES	NO
1. Program Application (signed?)	<input type="checkbox"/>	<input type="checkbox"/>
2. Program Income Calculation Worksheet/Documentation	<input type="checkbox"/>	<input type="checkbox"/>
3. Disability Verification	<input type="checkbox"/>	<input type="checkbox"/>
4. Barriers Verified	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Deficient in basic literary skills		
<input type="checkbox"/> School dropout		
<input type="checkbox"/> Homeless, runaway, or foster child		
<input type="checkbox"/> Pregnant or parenting		
<input type="checkbox"/> Offender		
<input type="checkbox"/> Individual (including a youth with a disability) who requires additional assistance to complete an educational program, or to secure and hold employment as per IPIC's definition.		
5. 5% Window Income Exception	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School Dropout		
<input type="checkbox"/> Basic skills deficient		
<input type="checkbox"/> One or more grade levels below the grade level appropriate to the individual's age		
<input type="checkbox"/> Pregnant or parenting		
<input type="checkbox"/> Possesses one or more disabilities, including learning disabilities		
<input type="checkbox"/> Homeless or runaway		
<input type="checkbox"/> Offender		
<input type="checkbox"/> Face serious barriers to employment as defined by IPIC.		
6. Selective Service Registration, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
7. Age Verification	<input type="checkbox"/>	<input type="checkbox"/>
8. Citizenship/Legal Alien	<input type="checkbox"/>	<input type="checkbox"/>
9. Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>
10. Discrimination Form/EEO	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

B. Youth Services

	YES	NO
1. Has the participant received an objective assessment, including:		
• Basic skills?	<input type="checkbox"/>	<input type="checkbox"/>
• Occupational goals?	<input type="checkbox"/>	<input type="checkbox"/>
• Service needs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the ISS been completed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does ISS identify:		
• Age appropriate career goals?	<input type="checkbox"/>	<input type="checkbox"/>
• Consideration of the assessment results?	<input type="checkbox"/>	<input type="checkbox"/>
• Preparation for post secondary education opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
• Preparation for employment?	<input type="checkbox"/>	<input type="checkbox"/>
• Effective connections to intermediary organizations that provide strong links to the job market and employers?	<input type="checkbox"/>	<input type="checkbox"/>
• Any reasonable accommodations necessary?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the pre-test been administered within 60 days of registration?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have ISS benchmarks been established to show progress towards participant goals?	<input type="checkbox"/>	<input type="checkbox"/>
6. Were skill attainment goals met within the twelve-month period?	<input type="checkbox"/>	<input type="checkbox"/>
7. Were one or more of the 10 program elements being offered?	<input type="checkbox"/>	<input type="checkbox"/>
8. Which of the 10 program elements has the participant received?		
<input type="checkbox"/> Tutoring, study skills		
<input type="checkbox"/> Alternative Secondary School offering		
<input type="checkbox"/> Summer employment opportunities		
<input type="checkbox"/> Paid and unpaid work experience		
<input type="checkbox"/> Occupational skill training		
<input type="checkbox"/> Leadership development opportunities		
<input type="checkbox"/> Supportive services		
<input type="checkbox"/> Adult mentoring for at least 12 months		
<input type="checkbox"/> Follow-up services		
<input type="checkbox"/> Comprehensive guidance and counseling		
9. Has the participant been exited?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the post-test been administered before the exit?	<input type="checkbox"/>	<input type="checkbox"/>
• Date test was administered. ____/____/____		
11. Does the post-test/s indicate improvement?	<input type="checkbox"/>	<input type="checkbox"/>
• If so, how much? _____		
12. Has participant taken part in a community service activity?	<input type="checkbox"/>	<input type="checkbox"/>
• Briefly describe: _____		

Comments: _____

C. Case Management Process

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Did assessment occur throughout the participant's relationship with the program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the ISS been updated accordingly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the participant attained ISS goals within the required time frame? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the participant been exited? Reason for exit _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

D. Follow-up:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are one or more of the following outcomes being met: | | |
| a. Basic skill goals? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Work readiness goal? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Occupational skill goal? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attainment of secondary school diploma or the equivalent? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Literacy and numeracy gains? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Placement and retention in: | | |
| 1. Post-secondary education? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Advanced training? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Military service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Qualified apprenticeship? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Credential attainment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there documentation that follow-up services have been provided to participant as required? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

E. Verification of Data:

Note any discrepancies found between the participant file and the information recorded in TrackOne.

Discrepancies found:

This image shows a full page of blank handwriting practice paper. It features multiple sets of horizontal blue lines spaced evenly down the page. Each set consists of three lines: a top line, a middle line, and a bottom line, providing a guide for letter height and placement. The paper is otherwise completely blank, with no text or other markings.

**Work Experience/Internship Worksite
Participant Interview Guide**

This section is to be completed by interviewing the participant at the worksite.

Service Provider _____

Participant Name _____

Worksite _____

Has a worksite agreement between the employer and service provider been signed? _____

Interview Date _____ by Monitor: _____

ORIENTATION AND ASSESSMENT

Yes **No**

_____ _____ 1. Did you receive an orientation meeting to explain the program?

If yes, was it a group session or an individual session? _____

_____ _____ 2. What was discussed:

_____ _____ a. Purpose of the program?

_____ _____ b. Time and attendance?

_____ _____ c. Pay schedule and procedures?

_____ _____ d. What to do in case of emergency?

_____ _____ e. Contact person at the youth office?

_____ _____ f. Other? (specify) _____

_____ _____ 3. Do you feel you received enough information before you started your work assignment?

If not, what additional information would you have liked to have?

_____ _____ 4. Did you take a skill test when you enrolled in the program?

What kind of skills test (e.g. reading, math)? _____

Describe: _____

_____ _____ Have the test results been discussed with you?

- _____ 5. Do/Did you also go to some kind of classroom training (e.g., ABE/GED) while in the work activity worksite activity?

Explain (including how many hours per week you have this training).

WORK ASSIGNMENT AND SUPERVISION

1. Describe the types of activities you are/were involved in at this worksite.

2. Who assigns/assigned your work activities? _____

3. What are/were your hours and days of work? _____

4. Are/Were you busy most of the time? _____

5. Who is/was your supervisor?

6. Does/Did your supervisor review your progress in the performance of your job?

Explain.

7. What skills are/were you being taught while on the job?

Does/Did your supervisor test you in any way to measure your progress?

Explain.

8. a. How much time does/did your supervisor spend with you during the workday?

- b. How often does/did your supervisor check to see how you are doing?

- c. Does/Did your supervisor explain your job assignments and give help if needed? _____
9. Who is/was in charge when your supervisor is not around? _____
10. If you have/had questions on the job, do/did you know whom to ask for assistance? _____

OVERALL PROGRAM PERCEPTIONS

1. Has the work experience/internship program helped you improve your skills?

Explain: _____

2. Do you have any complaints about the program or things that you would like to change?
Explain: _____

3. What do/did you like most about this experience?
Explain: _____

4. What is/was the most important aspect for you about this work experience (e.g. pay, people, learning new skills, helping the community, etc.)?

Describe why: _____

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Exhibit 2

Entrance Conference

Date: _____

Attendees:

Name

Job Title

Subjects Discussed:

Exit Conference

Date: _____

Attendees:

Name

Job Title

Subjects Discussed:

Indianapolis Private Industry Council

Fiscal Monitoring Guide

ENTITY MONITORED:

NAME OF MONITOR:

REVIEW PERIOD::

MONITORING DATES:

Objectives:

- ❖ To review the adequacy of internal controls and the reliability of the subrecipient's financial management system as they relate to the contract.
- ❖ To ensure that the subrecipient meets the terms and conditions of the contract, fiscal goals or requirements and that amounts reported are accurate, allowable, supported by documentation and properly allocated.

Review:

- ❖ Single Audit and/or other applicable audit reports
- ❖ Contract file (including Desk Reviews of vouchers)

Procedures:

1. Contact subrecipient to arrange an on-site review date. If an entrance conference is held, note details of meeting on Exhibit 6.
2. Bring on-site copies of the subrecipient's vouchers submitted to IPIC.
3. Review the following subrecipient documentation before starting monitoring activity:
 - a. Financial management policies and procedures
 - b. Written cost allocation plan
 - c. If applicable, the subrecipient's approved indirect cost rate

Comment on reasonableness and allowability of the cost allocation plan on Exhibit 6.

4. From your review of policies and procedures, discussions with staff and observations, complete the "Listing of Persons Performing Fiscal Functions" (Exhibit 1). This only needs to be done on the initial visit. On subsequent visits, this Exhibit only needs to be updated.
5. Verify that the subrecipient is reconciling cash receipts and reported expenses to their official books of account, subsidiary records and/or worksheets. Review the most current reconciliation. If no reconciliation is done, increase sample size and put a finding in the report requiring the subrecipient to do reconciliation. Label as Exhibit 2.
6. Verify that the amounts paid by IPIC to the subrecipient have been received and deposited in a timely manner. Confirm by reviewing official books of account, copies of checks, and bank statements (Exhibit 3).
7. Select a sample of reported expenses, including non-personnel, payroll and fringe benefit expenditures covering the review period. The sample should include some of each type of expenditure reported to IPIC. Examine source documentation for details of the expense and copies of cancelled checks or bank statements to confirm payment (Exhibit 4).
8. Verify that the expenses sampled in Exhibit 4 have been allocated in accordance with the subrecipient's cost allocation plan and that expenses are properly allocated between funding sources and/or costs categories.

9. Based on your observation, discussions with staff, review of policies and procedures, sampling and analysis of expenditures and allocations, complete Post Review Survey (Exhibit 5).
10. Review last audit report and obtain a copy. Note any findings and if resolution has occurred.
11. Arrange and conduct an exit conference. Note the details of meeting on Exhibit 6.
12. Prepare and issue report to IPIC.

Listing of Persons Performing Fiscal Functions

Identify staff performing the following responsibilities:

<u>Function</u>	<u>Name</u>	<u>Title</u>
Maintains WIA Books		
Prepares Vouchers		
Reconciles Vouchers to Official Books		
Maintains Program Income		
Allocates Costs		
Approves Purchase Orders		
Deposits Receipts		
Records Receipts		
Prepares Checks		
Records Disbursements		
Prepares Bank Reconciliations		
Distributes Checks to:		
Staff		
Subrecipients & Vendors		
Participants		
Maintains Petty Cash		
Maintains Property Records		
Certifies Time & Attendance Records of:		
Staff		
Participants		
Signs Checks		
Holds Blank Checks		
Authorizes Payroll for New Hires		
Authorizes Payments to Participants		

One of the keys to ensuring adequate internal control is to involve numerous staff in the various fiscal functions noted above. However, due to the small size of some of your subrecipients, it may be difficult for them to achieve an optimal level of separation of duties. When there is such a concentration of functions with one individual, the Monitor should encourage, when economically feasible, the involvement of other staff in the fiscal process. If the Monitor determines that there is not adequate separation of duties, they must decide if the sample sizes need to be increased to ensure proper accountability.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Cash Receipt Analysis

Trace payments made by IPIC to the subrecipient. Compare the amounts and dates of deposit to subrecipient records and bank statements. Investigate any discrepancies in amounts and/or lag in making deposit.

[illegible]

Sample of Expenditures

Scan subrecipient's vouchers and pick a sample of assorted expenses from the review period.

1. Staff Salaries

- Trace sample to payroll registers.
- Examine timesheets, cumulative leave records, and canceled checks.
- Examine authorization for direct deposit.
- Verify leave taken is in accordance with subrecipient's policy.

2. Fringe Benefits

- Ensure subrecipient is current on payment of federal and state withholding taxes by examining most recent quarter's 941 and Indiana Department of Revenue reports.
- Ensure subrecipient is current on payments for Unemployment Insurance.
- Rates and calculations are to be verified.
- Investigate all differences.
- Verify that subrecipient has Worker's Compensation and Disability Insurance coverage in effect for all employees.

3. Non-Personnel Services

- Review copies of all leases and contracts.
- Ensure that payments for travel are reasonable and in accordance with the subrecipient's policies.
- Ensure that equipment, supplies, etc. are not being purchased at the end of the program in an attempt to use up program funds.

4. On-the-Job-Training (OJT)

- Review the subrecipient's OJT policies and procedures.
- Analyze OJT payments by examining the source documentation. Verify that the wage rate, duration of training period and the actual time period of training are reasonable and is in accordance with the terms and conditions of the contract.
- Verify that the monitoring policies and procedures are in place and are being followed.

5. Individual Training Accounts (ITA)

- Review ITA policies and procedures.
- Analyze ITA payments by examining the source documentation. Verify the following:
 - training course and provider are approved on the Eligible Training Provider List.
 - the course/major is in a demand occupation as determined by IPIC.
 - the tuition amount charged is reasonable and does not exceed the maximum allowed per the subrecipient or IPIC, whichever is more restrictive.

6. Customized Training (CT)

- Review CT policies and procedures.
- Analyze CT payments by examining the source documentation. Verify that the amount reimbursed to the employer is no more than 50% of the total cost of the training and that the amount reimbursed does not include the cost of employee wages while in training.

7. Participant Support Payments/Wages

- Determine the type of payment being made.
 - a. Stipend
 - Determine hourly rate (budget).
 - Examine timesheets.
 - Ensure that participants are paid for program activities only; for example – no payments for lunch periods.
 - b. Wages
 - Trace amounts reported to payroll registers.
 - Examine timesheets.
 - c. Benchmarks
 - Determine the benchmarks and the amount paid for obtaining them.
 - Examine the appropriate support documentation.
- Ensure that all participants receiving payments appear on the participant roster.
- Ensure there is a log or other appropriate system in place for proper control of token purchase and distribution.

8. Allocation

- Review the subrecipient's cost allocation plan. Determine the following:
 - a. Types of expenses that are allocated.
 - b. Various allocation bases.
- Verify that the expenditures are being allocated in accordance with the plan.
- If the plan is not reasonable or there is no allocation plan then provide the necessary technical assistance.
- If an indirect cost rate is used, verify that the rate has been approved by the appropriate cognizant agency and that the rate has been properly applied to the program.
- If an administrative overhead rate is applied to the contract, verify the costs that serve as the base for the rate and verify that the rate is being properly applied and appropriately updated. Ensure that the costs, which are part of the overhead rate, are not also being directly charged.

Exhibit 4-NPS
Sample of Expenditures
Non-Personnel Expenses

<u>Vendor/Payee</u>	<u>Description</u>	<u>Per Subrecipient's Records</u>			<u>WIA's</u> <u>Share</u>	<u>Expense</u>		<u>Expense Distribution</u> <u>by Fund/Cost Category</u>		<u>Follows</u> <u>CAP</u> <u>Y/N</u>
		<u>Check</u> <u>Date</u>	<u>Check</u> <u>Number</u>	<u>Check</u> <u>Amount</u>		<u>Allocated</u>	<u>Supported</u>	<u> </u>	<u> </u>	

Comments: _____

Sample of Expenditures
Payroll Expenses

<u>Payee</u>	<u>Pay Period</u>	<u>TS Hours Worked</u>	<u>TS Leave Hours</u>	<u>CL Leave Hours</u>	<u>Per Payroll Register</u>			<u>Was Check Located</u>	<u>Expense</u>		<u>Expense Distribution by</u>		<u>Follows CAP Y/N</u>
					<u>Check Date</u>	<u>Check Number</u>	<u>Check Amount</u>		<u>Allowable</u>	<u>Supported</u>	<u>Fund/Cost Cat.</u>		

TS = Timesheet CL = Cumulative Leave Record

Comments:

Post Review Survey

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. <u>Internal Controls</u>			
1. Do the policies/procedures comply with generally accepted accounting principles?	_____	_____	_____
2. Are requirements for WIA funds as restrictive as other programs operated by the subrecipient?	_____	_____	_____
3. Have recent monitoring reports disclosed any weaknesses related to WIA funds?	_____	_____	_____
a. If yes, describe: _____			
b. Has corrective action been implemented?	_____	_____	_____
1. If yes, what corrective action was taken?			
Comments: _____			

B. <u>Budgeting</u>			
1. Does the subrecipient periodically review planned vs. actual expenditures?	_____	_____	_____
If yes, what frequency? – monthly/quarterly/other			_____
2. If there are large variances between planned and actual, is a budget modification warranted?	_____	_____	_____
a. If there are large variances, does the subrecipient investigate the reasons?	_____	_____	_____
3. Is management/administration staff informed of planned vs. actual status?	_____	_____	_____
Comments: _____			

Yes

No

N/A

C. Accounting System

1. Are monthly trial balances of the books of account current and available for review?
2. Are journal entries approved by someone other than the Fiscal Manager?
3. Are subsidiary records reconciled to the official books of entry?

_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

D. Cash Management

1. Are bank statements reconciled with the official books of entry each month?
2. Do bank reconciliation procedures provide for:
 - Accounting for all check numbers used?
 - Identifying outstanding checks?
 - Investigating all checks outstanding 30 days or more?
 - Voiding outstanding checks after a reasonable period of time?
3. Are payments received from IPIC promptly deposited?
4. Does the subrecipient have a petty cash fund?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If yes, how often is the petty cash fund reconciled? _____

Comments: _____

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E. <u>Disbursements</u>			
1. Are checks drawn to cash prohibited?	_____	_____	_____
2. Are procedures in place to prevent duplication of a payment?	_____	_____	_____
3. Are credit cards used to pay for expenses?	_____	_____	_____
If yes, are invoices reviewed to ensure that only allowable expenses have been incurred on the credit cards?	_____	_____	_____
4. Are controls in place to ensure that all disbursements are recorded in the accounting system?	_____	_____	_____
5. Are cash disbursements supported and justified by adequate documentation?	_____	_____	_____
6. Are costs determined to be allowable before payments are made?	_____	_____	_____

Comments: _____

F. Financial Reporting

1. Are financial reports submitted in a timely manner?	_____	_____	_____
2. If accruals are reported on the financial report, are the accruals accurate?	_____	_____	_____

Comments: _____

G. Cost Allocation

1. Is the Cost Allocation Plan (CAP) in writing?	_____	_____	_____
2. Is the CAP compliant with applicable OMB circulars?	_____	_____	_____
3. Is the CAP reviewed and are appropriate revisions made at regular intervals?	_____	_____	_____
a. If yes, how often?	_____		

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
4. Are cost pools used?	_____	_____	_____
a. If yes, how many?	_____		
b. Does CAP include description of expenses included in each cost pool?	_____	_____	_____
5. Is an indirect cost rate used?	_____	_____	_____
a. If yes, has the rate been approved?	_____	_____	_____
6. Does the subrecipient use actual totals as the basis of allocations in the CAP?	_____	_____	_____
7. Does the subrecipient maintain documentation to support their allocations?	_____	_____	_____
8. Are staff wages allocated based on a time distribution system?	_____	_____	_____
a. If no, note basis: _____			

Comments: _____

H. Personnel Cost Documentation

1. Does the subrecipient have written policies for accruing and charging leave time?	_____	_____	_____
2. Are payrolls initiated through the submittal of time and attendance reports showing hours worked? (timesheets)	_____	_____	_____
3. Are timesheets signed by the employee and the supervisor?	_____	_____	_____
4. Does leave time taken on the timesheets match the cumulative leave records?	_____	_____	_____

Comments: _____

Yes

No

N/A

I. Fringe Benefits

1. Does the subrecipient maintain invoices/ policies (or copies of) to support rates for:

• Health Insurance

• Retirement

• Workers' Compensation

• Disability Insurance

• Unemployment Insurance

• Other: _____

If no, how are rates determined and confirmed _____

2. Does the subrecipient periodically confirm the rates and billing amounts with regard to the accuracy of rates, marital status, wage limit, waiting period, tier grouping, employee contributions, retroactive adjustments, etc.

Comments: _____

J. Record Keeping

1. Do subrecipient's financial records appear current, accurate, organized, and complete?

2. Is the subrecipient in compliance with the record retention requirement?

Comments: _____

Yes No N/A

<u>No</u>	<u>N/A</u>
-----------	------------

N/A

K. Program Income

1. Has the subrecipient earned any program income during the review period? _____
2. If yes, has the program income been correctly reported on the vouchers? _____
3. Is subrecipient compliant with the requirements for program income? _____
4. What was the total amount of program income earned during the review period? \$ _____
5. Briefly describe the program income earned. How did the subrecipient account for the earned and used income? _____

Comments:

[illegible]

Entrance Conference

Date: _____

Attendees:

Name	Job Title
_____	_____
_____	_____
_____	_____
_____	_____

Subjects Discussed:

Exit Conference

Date: _____

Attendees:

Name	Job Title
_____	_____
_____	_____
_____	_____
_____	_____

Subjects Discussed:

EQUAL OPPORTUNITY MONITORING GUIDE

Marion County Workforce Investment Board

Assurances			
Questions	Yes	No	Comments
Is the recipient aware of its obligation to comply with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975, and Section 188 of the Workforce Investment Act?			
Do you wish to receive a summary of the civil rights laws which affect DOL financially assisted programs?			
Does the required assurance language at 29 C.F.R. § 37.20, or a reference to it appear on all grant applications, agreements and contracts?			
Are copies of current EO policies made accessible to staff?			
Are EO policies communicated in a format appropriate for staff with hearing and/or visual impairments?			
EQUAL OPPORTUNITY OFFICER			
Questions	Yes	No	Comments
Has the recipient communicated the identity of the recipient's designated EO Officer to all sub-recipients/staff in their local workforce service area?			
Does each office in the LWSA have staff available to assist with EO responsibilities?			
Is the person's identity known to all staff persons in the office?			
RECORD KEEPING			
Questions	Yes	No	Comments
Does the recipient maintain a log of complaints and submit a copy of the log to DWD on a quarterly basis?			

Are complaints of discrimination retained for a period of no less than three years after resolution?			
Are complaint files maintained confidentially and by some systematic method, e.g. alphabetically or numerically by date filed? Please state the method in the comments section.			
Do complaint files include the following: a copy of the written complaint, a record of contacts made and information obtained during an investigation, and related correspondence?			
Are beneficiary/participant files free of subjective and/or inappropriate remarks and comments?			
Are beneficiary/participant files retained for at least three years after close of the applicable program year?			
Is data collected and retained for each beneficiary, applicant and employee as required by 29 CFR § 37.37?			
STRUCTURAL ACCESSIBILITY (Applicable to each office in the recipient's LWSA)			
Questions	Yes	No	Comments
Is there designated parking with signage available for disabled individuals?			
Is there a designated restroom for the disabled with appropriate signage?			
Is there at least one wheelchair accessible entrance/exit?			
If there are public telephones available, are accommodations provided for hearing impaired individuals, e.g. TDD/TYY?			

Are all services/activities provided in a facility that is accessible to disabled persons? If not, what accommodations are made?			
Has an Americans with Disabilities Act (ADA) self-evaluation survey been recently conducted on all facilities where services/activities are provided to the public?			
Have corrective actions been taken to correct any deficiencies noted in the self-evaluation survey? If not, please explain.			
PROGRAM ACCESSIBILITY			
Questions	Yes	No	Comments
How is information provided to limited English speaking individuals?			
Does the recipient have a procedure for providing auxiliary aids and services when requested by a client? Please provide a copy of the same.			
Does the recipient have a procedure for providing reasonable accommodation as requested? Please provide a copy.			
Are programs/activities provided in the most integrated setting?			
EO POSTERS AND NOTIFICATION			
Questions	Yes	No	Comments
Is the "Equal Opportunity is the Law" notice posted prominently in all offices?			
Where paper files are maintained is the notice included in the participant's files?			
Is the EO Notice provided in alternate formats and languages where required?			

Is the EO Tagline included on all brochures and pamphlets as required?			
If a phone number is provided on the pamphlets, etc., is there a TDD/TYY number?			
COMPLAINT PROCEDURES			
Questions	Yes	No	Comments
Have all staff, applicants and beneficiaries been advised of the recipient's policy on filing complaints of discrimination?			
Are all complaints of discrimination entered into the compliant log?			
Are complaints of discrimination responded to in a most expedient manner?			
Are there procedures in place for assisting limited English speaking individuals, or others requiring assistance, in filing complaints of discrimination?			
COMMUNITY RELATIONS			
Questions	Yes	No	Comments
Have community-based organizations and public interest groups been advised of the recipient's obligations to equal opportunity?			
If not, what assistance does the recipient require of the State EO Officer in meeting this requirement?			